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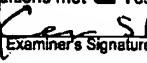
APPLICANTS

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** CONTINUING DATA ***** *none*** FOREIGN APPLICATIONS ***** *none*

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

09/24/2001

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY VA	SHEETS DRAWINGS 10	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
Verified and Acknowledged	 <i>Karen S. Kell</i> <small>Initials</small>							

ADDRESS

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TITLE

Shift processing unit

FILING FEE RECEIVED 595	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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